



Medical students' engagement in interprofessional collaborative communication during an interprofessional observed structured clinical examination: A qualitative study

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ABSTRACT

Background: Effective communication is essential for interprofessional collaborative practice; however, a conceptual framework of interprofessional collaborative communication (ICC) has not been proposed.

Purpose: Develop and apply a conceptual framework of ICC.

Methods: Literature on interprofessional collaboration and interprofessional communication informed framework development; we then applied it to analyze medical student communication with a standardized nurse (SN). We identified prototypical ways that students engaged in two of the ICC framework constructs. Nurses provided feedback on our framework.

Discussion: The ICC conceptual framework consisted of four constructs. Higher rated students engaged in more bidirectional information exchange and solicited the SN's input into the care plan. Prototypes ranged from less collaborative (i.e. closed-ended) to more collaborative exchanges inviting the SN to share knowledge and suggestions. Six nurses endorsed the framework.

Conclusions: Bidirectional information exchange and soliciting input into decision-making may be particularly important for ICC. This novel ICC framework can inform curriculum development and learner assessment.

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Introduction

Collaboration among health care professionals is essential for high quality patient care. Interprofessional collaborative practice can improve health outcomes by reducing medical errors and enhancing patient safety.^{1–4} Collaboration in healthcare has been defined as “nurses and physicians cooperatively working together,

sharing responsibility for solving problems, and making decisions to formulate and carry out plans for patient care”.⁵

Effective communication is a core competency for interprofessional collaborative practice, with benefits for both patients and providers.^{6,7} Conceptual frameworks of interprofessional collaboration frequently employ terminology such as sharing and partnership, interdependency and mutual respect, communication, and balance of power.^{6,8,9} Determinants of collaboration include systemic and organizational factors, as well as interactional dynamics such as willingness to collaborate, trust, mutual respect and communication. In particular, communication (1) conveys an understanding of the contributions of the other members of a team; (2) allows for constructive negotiations with other professionals; and (3) enables other interactional determinants of collaboration, like mutual respect, mutual trust, and sharing.¹⁰ The literature strongly supports that communication is particularly important in the realization of collaboration.

We propose that ‘interprofessional collaborative communication’ (ICC) is a particular type of communication that healthcare professionals engage in that enables collaboration. To our knowledge, a conceptual framework that captures the core constructs of

Abbreviations: ICC, interprofessional collaborative communication; OSCE, observed, structured clinical examination; SN, standardized nurse; CPX, Clinical Performance Examination.

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ICC has not been proposed. Such a framework would be useful in the development of curricula to teach ICC skills to health professions trainees, and to assess whether these skills have been mastered, with the ultimate goals of fostering collaboration among health professionals and improving patient care.

This study proposes and applies a conceptual framework of ICC that builds upon theoretical descriptions of collaboration and empirical research on nurse-physician communication and collaboration.^{11–15} We applied this framework to an analysis of medical students' engagement in ICC during a simulated patient care encounter with a standardized patient (SP) and a standardized health professional (standardized nurse, SN) to provide evidence for the utility of the framework and to examine the applicability for assessment in an observed structured clinical examination (OSCE) setting.

Methods

Design

We developed a conceptual framework of ICC and then applied this framework to an analysis of medical student communication during an interprofessional OSCE using directed qualitative content analysis.¹⁶

Subjects and setting

The study population was third-year medical students at the University of California, San Francisco (UCSF) who participated in the 2012 high-stakes Clinical Performance Examination (CPX) administered at the end of the core clinical clerkships. In the CPX, each student conducted a single encounter involving both a SP and SN. All encounters were audio- and video-recorded. The institutional review board approved this study.

Development of a conceptual framework of interprofessional collaborative communication

We conducted a narrative review of the literature including theoretical work and empirical research in interprofessional collaboration and communication to identify key constructs,¹⁷ with particular focus on studies assessing collaboration between physicians and nurses. Two authors (SKO and KEH) conducted the search in PubMed, utilizing the following search terms: interprofessional communication, interprofessional collaboration, and nurse-physician communication. Theoretical and empirical research exploring collaboration, interprofessional communication, as well as published instruments measuring these constructs were extracted for further review. The authors determined article relevance to be theoretical and/or empirical studies of collaboration or communication between nurses and physicians. One author (SKO) distilled the most frequently mentioned constructs and concepts related to interprofessional and health 'collaboration' and 'communication' from the articles, and used them to develop a new conceptual framework of ICC, incorporating these constructs.

We sought consultation on the content, appropriateness and structure of the framework from several sources. First, members of the author team, including three general internists (SKO, MW, KEH) and one educational researcher (CKB), all with expertise in medical education and qualitative research, reviewed the appropriateness and scope of the framework. Second, an internationally recognized scholar on interprofessional collaboration and education reviewed the overall framework and agreed with its content and scope. Finally, after applying the framework in the study analysis, we invited six medical-surgical nurses with extensive clinical

experience with both physicians and medical trainees to participate in a focus group. The purpose of the focus group was to solicit nurses' feedback on the framework. Prior to attending the focus group, each participating nurse reviewed two transcripts of student encounters for background reference during the discussion of the conceptual framework. The focus group was audio-recorded and transcribed verbatim by a professional transcription service, and analyzed by one author (SKO) using a thematic approach.

Interprofessional OSCE

Three general internists and one nurse, all with expertise in medical education and experience with OSCE case development, developed the case materials.¹⁸ Case development occurred prior to the development of the ICC conceptual framework.

The SP was a 55-year-old woman hospitalized for left leg cellulitis who acutely developed chest pain. The SN called the student to the bedside to evaluate the patient. The SN was present in the examination room for the first three and final 5 min of the encounter (for a total of 8 of 15 min). The student was advised at the start of the encounter to gather pertinent history from the SP and SN, perform a focused physical examination, and counsel the SP. The student was also advised to collaborate with the SN to develop a care plan.

Both the SP and SN actors assessed the student's performance utilizing checklists; student performance was used in the selection of our study sample as described below.

Communication items on the SN checklist

The 11-item SN checklist developed for this case targets relevant core interprofessional practice competencies¹⁹ (see also Appendix A). For the six communication items, the SN assessed whether a student had ("yes") or had not ("no") demonstrated a particular communication skill. Performance on the checklist was defined as the percentage of items scored as "yes" (range 0–100%).

Communication items on the SP checklist

The 29-item SP checklist assessing student performance included one global rating item, 11 history, 5 physical examination, and 2 information-sharing items. Ten items – modeled on the SEGUE-framework²⁰ – targeted expected physician-patient communication including listening, counseling, and respect for patient preferences. For these ten items the SP assessed whether a student had ("yes") or had not ("no") demonstrated a particular communication skill. Performance on the checklist was defined as the percentage of items scored as "yes" (range 0–100%).

"Overall Satisfaction" item on the SN checklist

The SN checklist also included one global rating item. The SN indicated her "overall satisfaction" with the student encounter by indicating her agreement with this statement: "Based on my level of satisfaction with this encounter, I would choose to work with this student doctor again," rated from "disagree" to "strongly agree." We used this overall satisfaction (OS) rating to group students into three categories: low OS ("disagree" response from the SN), medium OS ("agree"), and high OS ("strongly agree").

Procedures

Sampling

We used purposive sampling of medical student subjects based on quartiles of performance on the communication items in the SP and SN checklists. We generated a combined communication score using the SN checklist (6 items) and SP checklist (10 items). Fifteen encounters were randomly selected from each quartile of

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